

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41662

DEC 29 1941

Registration District No. 213

Primary Registration District No. 3014

State File No. 842

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME Mrs. Lillian May Sommerer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John M. Sommerer 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased January 21 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 10 4 hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

MOTHER FATHER { 12. Name George Eckles
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Alice Kendall
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sommerer
(b) Address Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-28-1941 (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery
18. (a) Signature of funeral director Thos. J. Gordon
(b) Address Jefferson City, Missouri
19. (a) 11-27-41 (Date received local registrar) (b) Thos. J. Gordon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City, Mo 7
(If outside city or town limits, write "RURAL") 0
(d) Street No. Ten Mile Drive (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1941 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov 25, 1941
that I last saw her alive on 11/25/41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinomatosis of abdomen
Due to Carcinoma of Rt + Lt. ovaries
Due to _____

Other conditions (Include pregnancy within 3 months of death) HGA

Major findings: Carcinomatosis of abdomen
Of operations _____
Of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. H. Rambo (M. D. or other) _____
Address Central Trust Bldg. Date signed 11/27/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Louis Quest
Licensed Embalmer No. 4096

P. O. Address Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.